Item 18 Film G150 1-29-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00515

CERTIFICATE OF DEATH

Reg. Dist. No. 171

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bittinger, Md.
LENGTH OF STAY (in this place): About 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bittinger, Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (Type or Print) (First) MARVIN (Middle) LARAY (Last) BENDER

4. DATE OF DEATH: (Month) Jan. (Day) 12 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 24, 1932

9. AGE last birthday: 20 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (State or foreign country): Grantsville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harvey Bender

14. MOTHER'S MAIDEN NAME: Elva Yoder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Harvey Bender, Bittinger, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
4043 Immediate cause	(a) Bronchial pneumonia	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Rheumatic heart disease	17 yrs.
	DUE TO (c) Rheumatic fever	17 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1951 to Jan., 1953, that I last saw the deceased alive on Jan. 12, 1953, and that death occurred at 11:40 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
John F. Mitchell, Jr. M.D. Salisbury Pa 1-13-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Jan. 16, '53

NAME OF CEMETERY OR CREMATORY: Maple Glen

LOCATION (City, town, or county) (State): Rural Grantsville, Md.

DATE REC'D BY LOCAL REG.: 1/19/53

REGISTRAR'S SIGNATURE: J. B. Emory

24. FUNERAL DIRECTOR ADDRESS: Wm Winterberg Grantsville, Md.

COPY SENT TO LOCAL REGISTRAR NO.____DATE_____

RECEIVED
JAN 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 162 (005)

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) STELLA (Middle) MAY (Last) BITTINGER

4. DATE OF DEATH: (Month) Jan. (Day) 24 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 16, 1889
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Jennings, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Speicker
14. MOTHER'S MAIDEN NAME: Elizebeth Mathews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Jess Bittinger, Grantsville, RD #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Cardiac Decompensation	5 yr
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	arteriosclerosis	15 yr
	DUE TO		
	(c)		

450.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953 to Jan, 1953, that I last saw the deceased alive on 24 Jan, 1953 and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE Ross H Chen Rumbaugh (DEGREE OR TITLE) M.D. ADDRESS Meyersdale, Pa DATE SIGNED 1/26/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 1/28/53
NAME OF CEMETERY OR CREMATORY Hoover
LOCATION (City, town, or county) (State) Garrett Co., Maryland

DATE REC'D BY LOCAL REG. 1/27/53
REGISTRAR'S SIGNATURE Ethel Broadwater
24. FUNERAL DIRECTOR Alton Winterberg ADDRESS Grantsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 [illegible]51

RECEIVED
JAN 29 1953
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00517

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:
COUNTY Garett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Accident
LENGTH OF STAY (in this place) 49 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Accident
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZEBETH (Last) BURKHARD

4. DATE OF DEATH: (Month) Jan. (Day) 10 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb. 14, 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Accident, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Zinkan
14. MOTHER'S MAIDEN NAME: Ellen Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Walter Burkhard, Accident, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.0

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial infarction	instant
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized arteriosclerosis	years
	DUE TO	
	(c) Arteriosclerotic heart disease.	years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Jan, 1953, that I last saw the deceased alive on Dec 18, 1952, and that death occurred at 9:20 A.m., from the causes and on the date stated above.

SIGNATURE John F. Whitehill, Jr. (DEGREE OR TITLE) M.D. ADDRESS Salisbury, Pa. DATE SIGNED Jan 10/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Jan.13,1953
NAME OF CEMETERY OR CREMATORY German Lutheran
LOCATION (City, town, or county) (State) Accident, Garrett Co., Md.

DATE REC'D BY LOCAL REG. Jan/12/53
REGISTRAR'S SIGNATURE Ethel Broadwater
24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 [illegible]51

RECEIVED
JAN 14 1963
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

61018

Reg. Dist. No. 166

1. PLACE OF DEATH
COUNTY: Garrett — Crellin, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crellin, Md.
LENGTH OF STAY (in this place): 46 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crellin,
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Phoebe	Jane	Collins	1/13/1953 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widow	10/25/1878	74 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife		Near Friendsville, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jerry Savage,	Mary Cupp.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	None	Ike Harvey, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

422.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 1951, to Jan 13, 1953, that I last saw the deceased alive on Jan 10, 1953 and that death occurred at 5:00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Earl Adam Sarter	M D	Oakland Md	1/14/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/15/1953	Ashby Cemetery	Crellin, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/15/53	Julia A. Rowan	Emray D. Bolden	Oakland, Md

RECEIVED
FEB 9 1953
BUREAU V. S.

00518

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Oakland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md.
LENGTH OF STAY (in this place) life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Anna (Last) Ferguson

4. DATE OF DEATH (Month) (Day) (Year) 1/6/1953 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3/24/1902
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sang Run, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harrison DeWitt,
14. MOTHER'S MAIDEN NAME Susan DeWitt, DeWitt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Robert Ferguson, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X Immediate cause (a) Acute Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) Oakland Garrett Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/ , 1953, to 1/6/ , 1953, that I last saw the deceased alive on 6/ , 1953, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J W Wenzel Arts Do

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/10/1953
NAME OF CEMETERY OR CREMATORY Gortner Cemetery,
LOCATION (City, town, or county) (State) Gortner, Md.

DATE REC'D BY LOCAL REG. Jan 10-53
REGISTRAR'S SIGNATURE Julia A Rowan L.R.
24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 14 1993
BUREAU V. R

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sang Run — LENGTH OF STAY (in this place) 90 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Sang Run
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Mi. East Sang Run	STREET ADDRESS (If rural, give location) 2 Mi. East Sang Run

3. NAME OF DECEASED (Type or Print)	(First) Smith	(Middle) McClellan	(Last) Friend	4. DATE OF DEATH	(Month) Jan. 10, (Day) (Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 5/6/1862	9. AGE last birthday 90 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Amos W. Friend		14. MOTHER'S MAIDEN NAME Louvenia Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY No. -----	17. INFORMANT AND ADDRESS Roy V. Friend McHenry, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	3 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio Renal Disease	10 years
	(c)	

44

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 12, 1952, to Jan. 10, 1953, that I last saw the deceased alive on Jan. 9, 1953, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. E. Mance	MD	Oakland Md	13 Jan 53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/13/1953	Sang Run Cemetery	Sang Run, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/13/53	Julia A. Rowan L.R.	Herbert C. Leighton	Oakland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett Co. Oakland, Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett Co. Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.Va. COUNTY Preston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Terra Alta,
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Earl (Last) Hauser

4. DATE OF DEATH (Month) (Day) (Year): Jan. 20, 53 19

5. SEX: M.

6. COLOR OR RACE: W,

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Simple

8. DATE OF BIRTH: May, 9, 1891

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: State Road

11. BIRTHPLACE (State or foreign country): Durbin, W.Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wellington Hauser

14. MOTHER'S MAIDEN NAME: Sarah B. Cauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): Yes. (If yes, give war or dates of service): I

16. SOCIAL SECURITY NO.: 232-09-6506

17. INFORMANT AND ADDRESS: Elva Bolyard, Terra Alta, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	immediate
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatic cardiovascular disease	28 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

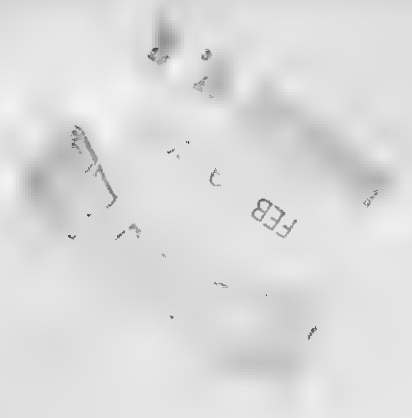
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Jan, 19 51, to 20 Jan, 19 53, that I last saw the deceased alive on 20 Jan, 19 53, and that death occurred at 4:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
John A Bailey, MD | Terra Alta W. Va | 20 Jan 53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: Jan. 22, 53 | NAME OF CEMETERY OR CREMATORY: Stemple Ridge 1/22/53 | LOCATION (City, town, or county) (State): Aurora, W. Va. (Rural)

DATE REC'D BY LOCAL REG. 1/20/53 | REGISTRAR'S SIGNATURE: Julia L. Tarvan L.R. | 24. FUNERAL DIRECTOR: C. F. Collins | ADDRESS: Terra Alta W. Va.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place) 7 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cappetts Nursing Home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Va. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROUTE #2 MORGANTOWN, W.VA.
STREET ADDRESS (If rural, give location) RURAL GRANT DISTRICT ✓

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (NONE) (Last) KATS (KETS)

4. DATE OF DEATH: (Month) JAN (Day) 1, (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 4-27-1885

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COAL MINER

10b. KIND OF BUSINESS OR INDUSTRY: COAL MINE

11. BIRTHPLACE (State or foreign country): OHIO

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: NOT KNOWN

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 235-12-8659

17. INFORMANT AND ADDRESS: CORA BEAN, BOOTH, W.VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of Liver — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma — ?

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 May, 1952, to 29 Dec, 1952, that I last saw the deceased alive on 29 Dec, 1952, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Thomas D. Guthrie M.D. — Oakland, Md. — 1 Jan 53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: 1-3-1953

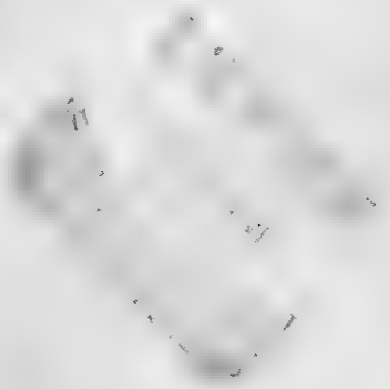
NAME OF CEMETERY OR CREMATORY: EAST OAK GROVE

LOCATION (City, town, or county) (State): MORGANTOWN W.VA.

DATE REC'D BY LOCAL REG. 1-3-1953

REGISTRAR'S SIGNATURE: Ulia A Rowan

24. FUNERAL DIRECTOR — ADDRESS: Emery D. Boldy, Oakland, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland | LENGTH OF STAY (in this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garr. Co. Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY Grant
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bayard
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CECIL	PAUL	LAYTON JR.	Jan	29	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	May 24, 1951	1 yrs.	8	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Cecil Paul Layton
14. MOTHER'S MAIDEN NAME: Geraldine Fulk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Mrs. Cecil Layton, Bayard, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

501X

Immediate cause (a) Bronchitis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital Heart Disease with (c) Transposition of Great Vessels

INTERVAL BETWEEN ONSET AND DEATH: 4 days / Life

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1951, to Jan 29, 1953, that I last saw the deceased alive on Jan 29, 1953, and that death occurred at 10:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Thomas J. Lusby M.D.	Oakland, Md.	1/29/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-31-53	Bayard	Bayard, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 31-53	Julia A. Bowden LR	L. D. Duncan	Thomas, W. Va.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Sang Run MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sang Run, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sang Run, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Virginia (Middle) Barbara (Last) Reckard

4. DATE OF DEATH (Month) Jan (Day) 19 (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 12/14/1952

9. AGE last birthday yrs. If under 1 year Months 1 Days 5 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Alko, Nevada

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Orval Reckard

14. MOTHER'S MAIDEN NAME Anna Summers.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Orval Reckard, Sang Run, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) ADDRESS Oakland Md DATE SIGNED 1/21/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 1/20/1953

NAME OF CEMETERY OR CREMATORY Sang Run Cemetery

LOCATION (City, town, or county) (State) Sang Run, Md.

DATE REG'D BY LOCAL REG. 1/20/53

REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland, Md

9VV 2 9V 9 9V LR

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A152

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the cause of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Deer Park
LENGTH OF STAY (in this place) 74yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethlehem Community

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Deer Park
STREET ADDRESS (If rural, give location) Bethlehem Community

3. NAME OF DECEASED (Type or Print) (First) Elmira (Middle) Lucinda Susan (Last) Tasker
4. DATE OF DEATH (Month) January (Day) 21, (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. 25, 1878
9. AGE last birthday 74 yrs. If under 1 year Months 4 Days 26 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Garrett Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jeremiah Tasker
14. MOTHER'S MAIDEN NAME Eleanorah White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS J.B. Tasker, Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart Disease	5 yrs
260x)	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

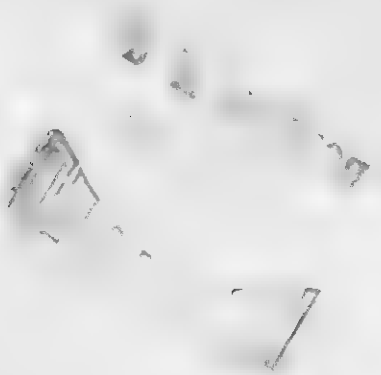
22. I hereby certify that I attended the deceased from Jan, 1945, to Jan 21, 1953, that I last saw the deceased alive on Jan 20, 1953, and that death occurred at 12:24 A.m., from the causes and on the date stated above.

SIGNATURE Ralph Calandrella (Degree or title) M.D. ADDRESS Kitzmiller, Md. DATE SIGNED Jan. 22. 53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/23/53
NAME OF CEMETERY OR CREMATORY Tasker Cemetery
LOCATION (City, town, or county) (State) Bethlehem, Garrett Co.

DATE REC'D BY LOCAL REG. Jan 23/53
REGISTRAR'S SIGNATURE Julia A. Rowan LR
24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va. ADDRESS

1



MARYLAND STATE DEPARTMENT OF HEALTH

00520

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 163

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Swanton - rural
LENGTH OF STAY (In this place) 65 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1/2 Mi N.E. of Swanton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Swanton - rural
STREET ADDRESS (If rural, give location) 1/2 Mi NE of Swanton

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thornton (Last) Wilt

4. DATE OF DEATH: (Month) January (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 27 Sept 1887

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timberman

10b. KIND OF BUSINESS OR INDUSTRY: Woodcutting

11. BIRTHPLACE (State or foreign country): Garrett Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John T Wilt

14. MOTHER'S MAIDEN NAME: Sarah Wilt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 214-16-2258

17. INFORMANT: Perry Wilt, Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L.T. Baumgartner (Degree or title) MD ADDRESS Oakland DATE SIGNED Jan 23, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Jan 25, 1953 — NAME OF CEMETERY OR CREMATORY John A Wilt Cemetery — LOCATION (City, town, or county) (State) Garrett Co. Md.

DATE REC'D BY LOCAL REG. 1-23-53 — REGISTRAR'S SIGNATURE Doney Pattison

24. FUNERAL DIRECTOR E. S. Boal — ADDRESS Westernport, Md.

RECEIVED
JAN 26 1953
BUREAU V. S.

01024

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH — COUNTY: GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND — LENGTH OF STAY (in this place): 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MT. LAKE PARK
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First): COSTOLA (Middle): SYLVESTER (Last): WOOD

4. DATE OF DEATH (Month): JANUARY (Day): 26 (Year): 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: SEPTEMBER 10, 1880 — Last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER & CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WOOD, JOSEPH
14. MOTHER'S MAIDEN NAME: MURPHY, SARAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.: 214-12-3459
17. INFORMANT AND ADDRESS: MR. COSTOLA S. WOOD, MT. LAKE PARK, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Carcinoma to liver

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma of Sigmoid Colon — 2 yrs.

153x

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/21/52
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of liver
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/20, 1952, to 1/26, 1953, that I last saw the deceased alive on 1/26, 1953, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE: Joseph Alvarez (Degree or title) M.D. — ADDRESS: 101 Third St. Oakland, Md. — DATE SIGNED: 1/26/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1/29/1953 — NAME OF CEMETERY OR CREMATORY: Oakland Cemetery — LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG.: 1/29/53 — REGISTRAR'S SIGNATURE: Julia A. Rowan L.R.

24. FUNERAL DIRECTOR: Emory D. Bolden — ADDRESS: Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
FEB 9 1953
BUREAU V. S.